

Registration Form



Thank you for choosing Green Relief as your provider of medical cannabis. To register as a client, this form must be completed in full by the applicant or the caregiver responsible for the applicant's care. When submitting this form (by mail or fax), you must also include a completed Medical Document signed and dated by your Health Care Practitioner.

Applicant Information		
Please choose one: <input type="radio"/> I am applying on my own behalf <input type="radio"/> I am a Caregiver, completing the registration on behalf of the Applicant <input type="radio"/> I am a Health Care Practitioner, completing the registration on behalf of the Applicant		
First Name	Last Name	
Date of Birth (MM/DD/YYYY)	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> N/A
Telephone	Fax	
Email	Veteran K#	
Preferred Language <input type="radio"/> English <input type="radio"/> French	<input type="radio"/> Active Native Status Card (Please provide a copy of Status Card)	
Residence Address		
Address	<input type="radio"/> Private Residence <input type="radio"/> Establishment	
City	Province	Postal Code
Only complete the section below if "Establishment" was selected. To be completed by the manager of the specified Establishment.		
Name of Establishment	Type of Establishment	
Address		
Phone	Fax	
Email		
I, _____, hereby confirm that _____ provides, food, lodging or other social services to _____.		
(Name of Manager)		(Name of Establishment)
(Name of Applicant)		
Manager's Signature	Date	
Shipping Address		
Only complete this section if different than Residence Address. <input type="radio"/> Use Residence Address as Shipping Address		
Address		
City	Province	Postal Code



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Shipping Information

Where will Green Relief be shipping your medical cannabis?

Residence Address Mailing Address Establishment Specified Above Health Care Practitioner

I, Manager of Establishment, hereby consent to receive cannabis on behalf of the Applicant (Please sign)

I, Health Care Practitioner, hereby consent to receive cannabis on behalf of the Applicant (Please sign)

Caregiver Information (If Applicable)

The "Applicant" is the person who the medical cannabis is for, including patients 18 and under.

The "Caregiver" is defined as the named responsible adult in the patient's care. Applicants 18 and under require a Caregiver.

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Telephone

I am responsible for the Applicant Yes No

Signature

Date

Authorization of Applicant

As the Applicant or Caregiver responsible for the Applicant, you attest, agree and consent to the following:

- | | |
|---|---|
| <p>(i) the applicant ordinarily resides in Canada,</p> <p>(ii) the information in the application is correct and complete,</p> <p>(iii) the medical document that forms the basis for the application has not, to the knowledge of the individual signing the statement, been altered,</p> <p>(iv) the medical document is not being used to seek or obtain cannabis products from another source,</p> <p>(v) in the case where the applicant is signing the statement, they intend to use any cannabis product that is supplied to them on the basis of the application only for their own medical purposes, and</p> | <p>(vi) in the case where an adult who is named under paragraph (f) is signing the statement, they are responsible for the applicant,</p> <p>(vii) the copy of the registration certificate is an accurate reproduction of the original*</p> <p>(viii) the registration certificate that forms the basis of this application is not being used to obtain cannabis products, other than plants and seeds, from another source.</p> |
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The Applicant acknowledges that cannabis is not an approved therapeutic product and cannabis has not been authorized through the standard Health Canada drug approval process because the available scientific evidence does not establish the safety and efficacy of cannabis to the extent required by the Food and Drug Regulations for marketed drugs in Canada.

The Applicant acknowledges that they are using any medical cannabis or related product obtained from Green Relief Inc. at their own risk. The Applicant also specifically releases Green Relief Inc. (and its service providers, officers, directors and staff) from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever, whether arising directly or indirectly as a consequence of the use of Green Relief Inc.'s products or services.

In order to receive our products and services, the Applicant or authorized person gives consent to Green Relief Inc. to disclose the necessary personal information to Green Relief Inc.'s service providers, including the Health Care Practitioner named in this registration.

The Applicant and/or Authorized Person consents to the Health Care Practitioner named in this registration form disclosing to Green Relief Inc. the Applicant's personal health information by phone, physical means or digital means (including Green Relief Inc.'s online portal or secure fax system) for the purposes of processing this registration (which may include the submission of my Medical Document by digital means), client service and complying with the requirements of the Cannabis Act. The Applicant understands and agrees that a copy of this consent and registration application may be provided to the Health Care Practitioner named in this registration.

Applicant Signature

Date

I hereby acknowledge that I am the Caregiver responsible for the care of the Applicant

Date

Caregiver Signature (If Applicable)

I hereby acknowledge that I am the Health Care Practitioner responsible for the care of the Applicant

Date

Health Care Practitioner Signature (If Applicable)

*If patient is applying with a registration certificate issued by the Minister under Part 2, patient hereby agrees that this application is made for the purpose of obtaining an interim supply of dried cannabis or cannabis oil.

